

WELL DESTRUCTION PERMIT APPLICATION

*Town of Lexington
Community Development - Health Department
1625 Massachusetts Avenue
Lexington, MA 02420
781-862-0500 x84533*

Property Owners Name _____

Assessor's Map _____ Parcel # _____

Owners Address _____ Assessors Lot Number _____

Well Drillers Name _____ Company Name _____

Address _____

License # _____ Phone Number _____

GPS Coordinates: _____

Circle One: Sewer Septic Cesspool

Type of Well: Irrigation Drinking Monitoring Other _____

Type of Property: Residential Commercial Industrial Other

Lot Description

Building

Include all structures on the lot, include the location of any present or past land use that may be a source of contamination within 200 feet of the proposed well location including

but not limited to: existing and proposed structures, wetlands, subsurface sewage disposal systems, subsurface fuel storage tanks, public ways, utility rights-of-way, or any other potential source of contamination. Also include distances to wetlands (within 100 feet).

I, the undersigned, hereby apply to the Lexington Board of Health for a Permit to Deconstruct a well in accordance with Lexington Board of Health Regulations pertaining to wells.

Signature of Applicant

Date

Permit will not be issued unless certification clause is signed by applicant.

BOH Approval _____ Conservation Approval _____

Date _____ Date _____